

### Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to close an open enrollment by performing the exit workflow.

Basic Client Information:\*

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birthdate:\* \_\_\_\_\_ Social Security Number:\* \_\_\_\_\_

### Step 2: Project Exit

Complete the project exit information and please note all fields with an \* are required fields. Complete additional forms for each household member to be exited.

Exit Date:\* \_\_\_\_\_

Destination:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with shelter voucher                       | <input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher   |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)                            | <input type="checkbox"/> Foster Care Home or Foster Care Group Home  |
| <input type="checkbox"/> Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility  | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Substance Abuse Treatment or Detox Center   | <input type="checkbox"/> Safe Haven  |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility                                  | <input type="checkbox"/> Rental by client, VASH Subsidy  |
| <input type="checkbox"/> Jail, Prison, Juvenile Detention Facility   | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy  |
| <input type="checkbox"/> Long-term care facility or nursing home   | <input type="checkbox"/> Residential project or halfway house with no homeless criteria  |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH   | <input type="checkbox"/> No exit interview completed   |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH   | <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy  |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy   |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)                | <input type="checkbox"/> Staying or living with family, permanent tenure   |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)               | <input type="checkbox"/> Staying or living with friends, permanent tenure  |
|  | <input type="checkbox"/> Deceased  |
|  | <input type="checkbox"/> Don't Know  |

Exit Reason:\*

- |   |   |
|---|---|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program  |
| <input type="checkbox"/> Completed program  | <input type="checkbox"/> Disagreement with rules/persons    |
| <input type="checkbox"/> Non-payment of rent/occupancy charge                         | <input type="checkbox"/> Death                              |
| <input type="checkbox"/> Non-compliance with Program                                  | <input type="checkbox"/> Other*<br>(Other Exit Reason_____) |
| <input type="checkbox"/> Criminal activity/destruction of property/violence           | <input type="checkbox"/> Unknown/Disappeared                |
| <input type="checkbox"/> Reached maximum time allowed by program                      | End Case Assignment: <input type="checkbox"/>               |

Health Insurance:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Type:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Private – Employer                  | <input type="checkbox"/> Veteran's Administration Medical Services |
| <input type="checkbox"/> Private – Individual                | <input type="checkbox"/> Healthy Indiana Plan (HIP)                |
| <input type="checkbox"/> Public HIV/AIDS Medical Assistance  | <input type="checkbox"/> Native American Health Service            |
| <input type="checkbox"/> AIDS Drug Assistance Program (ADAP) | <input type="checkbox"/> Other Public                              |
| <input type="checkbox"/> Medicare                            | <input type="checkbox"/> Other_____                                |
| <input type="checkbox"/> Medicaid                            |  |

Status:\*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Active           | <input type="checkbox"/> No                                 |  |
| <input type="checkbox"/> Start Date:_____ | <input type="checkbox"/> Applied; decision pending          | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date:_____   | <input type="checkbox"/> Applied; client not eligible       | <input type="checkbox"/> Client Refused      |
|   | <input type="checkbox"/> Client did not apply               | <input type="checkbox"/> Data Not Collected  |
|   | <input type="checkbox"/> Insurance type N/A for this client |  |

**ClientTrack Barriers Assessment:\***

<b><u>Barriers:*</u></b>	<b><u>Barrier Present?</u></b>	<b><u>Receiving Services/Treatment?</u></b>	<b><u>Condition Indefinite?</u></b>	<b><u>Documentation on File?</u></b>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Financial Assessment:\* Cash Income:\* ☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Self Employment \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ Other Pension \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Veteran's Pension \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Adult Education Assessment:\*

Currently in School/Working on Degree:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Secondary Education:\*

- ☐ None ☐ Client Refused
- ☐ Associates Degree ☐ Client Doesn't Know
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan

Non Cash Benefits:\* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. \$ \_\_\_\_\_
- ☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_
- ☐ Other Source

Child Education Assessment:\*

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:\*

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name:\*

Connected w/McKinney-Vento School Liaison?\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date: \_\_\_\_\_

Reason Not Enrolled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Assessment:\*

Assessment Description: \_\_\_\_\_

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
  - o Description: \_\_\_\_\_
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: \_\_\_\_\_

Do you currently have legal representation?

- ☐ Yes   ☐ No

How many days, past 30 days, experiencing legal representation? \_\_\_\_\_

Legal Description Notes: \_\_\_\_\_

Transportation Assessment:

Primary Transit Means:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Own vehicle              | <input type="checkbox"/> Bus     |
| <input type="checkbox"/> Ride from friends/family | <input type="checkbox"/> VanTran |
| <input type="checkbox"/> Bicycle                  | <input type="checkbox"/> Walk    |
| <input type="checkbox"/> Other: _____             |                                  |

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description: \_\_\_\_\_

Registered State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Renewal Date: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_